Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/09/2010</u>	Address:	8971 E. STATE ROAD 26
Case #:	22F-4660 <u>3</u>		PORTLAND
County:	<u>JA</u> Y_		
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agency		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
Plus Day of the Cart Angers To Same			
Fire Department: <u>SALAMONIA VFD</u> Health Department, IAX (IOURETT)		Fax: <u>260-335-2</u> 9 <u>05</u> Fax: <u>260-726-</u> 2 <u>220</u>	
Health Department: <u>JAY COUNTY</u>		Fax:	<u></u> -
Child Protection Service:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>DOUG JACKSON</u> Phone <u>260-432-8661</u>			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.